

**CITY CLERK'S OFFICE**

Administration Building
304 South Indiana Avenue
Kankakee, Illinois 60901
Phone: (815) 933-0480 Fax: (815) 933-0482
Web Site: www.citykankakee-il.gov
Email: businesslicense@citykankakee-il.gov

FEE SCHEDULE

New Business: \$100.00
Annual Renewal: \$100.00
Cash for Gold: \$1,000.00

Please complete this application in its entirety and attach all required applicable documentation on page 3. Incomplete applications will be returned.

APPLICATION FOR BUSINESS LICENSE

Date _____

- ☐ **Initial Business Registration**
☐ **Home Based Business**

- ☐ **Business Renewal**
☐ **New Owner**

Business Name: _____

D/B/A: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Email: _____

Alternate Mailing Address (if different from above):

Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____

Fax Number: _____

Email: _____

Type of business entity:

- ☐ Sole Proprietorship ☐ Partnership ☐ C-Corporation ☐ S-Corporation
☐ Non-Profit ☐ LL-Partnership ☐ LL-Corporation

Primary Business Activity: _____**Sole Proprietorships:**

Name of Business Owner: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Partnerships:

Name of Partner: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Name of Partner: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

All Corporations:

Name of Officer: _____ Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Name of Officer: _____ Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Designated Local Manager:

Name of Manager: _____ Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Does the business serve or sell food products? ☐ Yes ☐ No

IF YES, please provide a copy of Kankakee County Health Department license.

Does the business sell tobacco products? ☐ Yes ☐ No

IF YES, please provide proof of tobacco license from the State of Illinois.

Does the business own or operate any amusement/vending machines? ☐ Yes ☐ No

IF NO, please provide the name of the distributors:

Name of the Vendor: _____ **Vendor Phone Number:** _____

Quantity: _____

Do you store hazardous materials on your business site? ☐ Yes ☐ No

Do you maintain Materials Safety Data Sheets with the Kankakee Fire Department? ☐ Yes ☐ No

IF YES, please retain a copy at your business site.

Home Based Business

Will the business operator live in the unit? ☐ Yes ☐ No

Will the business be restricted to one room in the home? ☐ Yes ☐ No **If no, what percentage of the home will be used for the home occupation?** _____

Home Based Pamphlet instructions provided: Initials _____

Emergency Contacts (list contacts in order of priority):

(1) Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

(2) Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Inspections: All businesses must have an inspection by the Kankakee Fire Department. Please attach a copy of your Fire Inspection conducted within the last (12) twelve months. If your last inspection revealed violations, please call and schedule for a re-inspection. Once a re-inspection has been conducted and all violations are repaired, you have (10) ten business days to file this application along with all attached documents with the City Clerk's Office.

To schedule your fire inspection, please contact the Kankakee Fire Department at 815-933-0458.

For New Applications:

New Construction: Requires a Certificate of Occupancy being granted prior to the business license being issued.

Existing Building: Change of Use Inspection needs to be scheduled and Certificate of Occupancy needs to be granted prior to the business license being issued.

PLEASE NOTE: YOUR APPLICATION IS NOT COMPLETE UNLESS THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS APPLICATION:

Copy of valid Photo ID (Driver's License or State ID)/List of Officers

Copy of current Illinois Retailers Occupation Tax ID Number

Copy of current Fire Inspection Report (please call 815-933-0458 to obtain your report)

Copy of current Proof of Insurance coverage on building showing policy period - (for example: Jan. 01, 2020-Dec. 31, 2021)

Copy of current State License (if applicable: i.e., a state-licensed business or profession)

Copy of current Kankakee County Health Department License (if applicable)

Copy of State of Illinois Tobacco Certificate

A NEW BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES

I understand that this registration does not constitute compliance with all City Codes and Ordinances, State and Federal Law, and the results of any inspections required by ordinance. I have read this application and answered all questions fully. The information I have submitted on this application is complete and truthful to the best of my knowledge.

Print Name: _____ Signature: _____ Title: _____

**ALL FEES MUST BE PAID AT THE TIME THE APPLICATION IS SUBMITTED.
PLEASE MAKE CHECKS PAYABLE TO: CITY OF KANKAKEE**

FOR ADMINISTRATIVE USE ONLY
ADJUDICATION DEPARTMENT

Adjudication Director: _____ Approval: _____ Date: _____

Adjudication Date: _____

Notes: Are there any outstanding fees associated with this business? () Yes () No

IF YES: Amount \$ _____ Reason _____

Verified by: _____

FOR ADMINISTRATIVE USE ONLY
PLANNING AND ZONING DEPARTMENT

Zoning Classification: _____ Planning/Zoning Approval: _____

Date: _____

Zoning Conditions/Notes: _____

FOR CLERK'S OFFICE USE ONLY

Fee Received: \$ _____ Date: _____ Date License issued: _____ Processed by: _____ FY: _____

☐ Exempt Business ☐ Non-Exempt Business ☐ Church
☐ State Licensed Business Registration ☐ Home Based Business

Notes: